

ZYLON VEST EXCHANGE **REGISTRATION & CLAIM FORM**

**READ THIS ENTIRE DOCUMENT CAREFULLY. IT EFFECTS YOUR LEGAL RIGHTS.
IT ALSO PROVIDES DEADLINES THAT YOU MUST MEET.**

I. **Introduction**

Armor Class Action I:

1. If you purchased a Zylon-containing vest from American Body Armor™, Safariland® or ProTech™ on or before **August 12, 2004** ("*Armor Class Action I*"), you may have received by mail or have read a published Notice of Fairness Hearing on Supplemental Relief Program. The Notice describes a proposed Supplemental Relief Program ("**Supplemental Relief Program**") on behalf of the members of *Armor Class Action I*.

Armor Class Action II:

2. If you purchased a Zylon-containing vest from American Body Armor™ or Safariland® between **August 13, 2004 and August 29, 2005** ("*Armor Class Action II*"), you may have received by mail or have read a published Notice of Pendency of Class Action, Proposed Settlement and Final Approval Hearing. The Notice describes a proposed Settlement ("**Settlement**") of a lawsuit brought on behalf of members of *Armor Class Action II*.

II. **To Participate in the Supplemental Relief Program and/or Settlement**

If you are a member of *Armor Class Action I* or a member of *Armor Class Action II*, either an agency or an individual (you may be a member of both Classes if you purchased multiple vests at different times), and you wish to **PARTICIPATE** in the Supplemental Relief Program and/or the Settlement (depending on the Class in which you are a member), you must complete the information in sections III and IV of this Claim Form, sign and date below and mail or fax it by **December 1, 2005** to:

Zylon Vest Exchange Program
Claims Administrator
P.O. Box 466
Traverse City, Michigan 49685-0466
Telephone: 1(866) 815-2914
Facsimile: 800-716-9829

You may also complete and submit the Claim Form online at www.bodyarmor.com/zylon, but must do so on or before **December 1, 2005**.

III. **Information About Zylon Vest Purchasers**

All Class members (both *Armor Class Action I* and *Armor Class Action II*) **MUST** provide the **Contact Information** requested in this section, and the **Agency Information** (if the Class member works for an agency or worked for an agency when that Class member purchased his or her vest).

Contact Information (Vest Owner or Agency POC)

Name (First, Middle Initial & Last) _____

Position or Title _____

Badge/ID No. _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Primary eMail _____

Work Phone _____

Ext. _____

Alternate Phone _____

Gender ☐ Male ☐ Female

I am registering as: ☐ An Individual ☐ An Agency Administrator (Point of Contact)

How many Zylon-Containing vests are you registering for? _____ (Estimate the vest count, you can modify it later)

How was your vest purchased? (who paid for it?) ☐ Agency ☐ Officer ☐ Joint ☐ Other ☐ Unknown

Best Time To Call ☐ Morning ☐ Afternoon ☐ Evening ☐ I Prefer eMails

Best Day(s) To Call (Check all that apply) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

CONFIDENTIALITY: We respect your need for privacy and confidentiality.

We are collecting your contact information solely to facilitate the prompt handling of your registration.

Agency Information

Agency Name _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

This Address is:

☐ Headquarters ☐ Branch/Field Office

Country

☐ USA

☐ Other _____

Phone _____

Ext. _____

Fax _____

NO PO BOXES -- Requires a FedEx shipping address

Comments or Questions

IV.

Election of Benefits

Armor Class Action I: To receive benefits, members of *Armor Class Action I* MUST complete sections A, B and C in the Supplemental Relief Program box directly below:

Supplemental Relief Program

- A. I/our agency elects to participate in the Supplemental Relief Program ____ (check).
- B. I/our agency elects the following Option for participation in the Supplemental Relief Program (See Notice of Fairness Hearing on Supplemental Relief Program for complete description of Option 1 and Option 2):
1. Cash Option - ____ (check if you/your agency selects this option)
 2. Voucher Option - ____ (check if you/your agency selects this option)
- C. I/our agency understands that by electing to participate in the Supplemental Relief Program, my/its legal rights against Defendants will be released and extinguished, except for those rights that are provided by the Supplemental Relief Program and the warranty on the new vest that I/it may obtain with the voucher under option 2. If your agency purchased multiple vests and would like to select the cash option for some of the vests and the voucher option for others, please check both boxes; OTHERWISE, PLEASE SELECT ONLY ONE OPTION.

Armor Class Action II: To receive benefits, members of *Armor Class Action II* MUST complete sections A, B and C in the Settlement box directly below:

Settlement

- A. I/our agency elects to participate in the Settlement ____ (check).
- B. I/our agency elects the following Option for participation in the Settlement (See Notice of Pendency of Class Action, Proposed Settlement and Final Approval Hearing for complete description of Option 1 and Option 2):
1. Cash Option - ____ (check if you/your agency selects this option)
 2. Voucher Option - ____ (check if you/your agency selects this option)
- C. I/our agency understands that by electing to participate in the Settlement, my/its legal rights against Defendants will be released and extinguished, except for those rights that are provided by the Settlement and the warranty on the new vest that I/it may obtain with the voucher under option 2.

If your agency purchased multiple vests and would like to select the cash option for some of the vests and the voucher option for others, please check both boxes; OTHERWISE, PLEASE SELECT ONLY ONE OPTION.

V.

To Object to the Supplemental Relief Program or the Settlement

If you wish **OBJECT** to the Supplemental Relief Program, the Settlement, or to the application by Plaintiffs' Counsel for an award of attorneys' fees and expenses in either the Supplemental Relief Program or the Settlement, then you must state your objection in writing and mail it, postmarked on or before **October 21, 2005** to:

Office of Clerk of Court
Circuit Court of Duval County
330 East Bay Street, Room 103
Jacksonville, Florida 32202

AND PROVIDE A COPY TO:

W. Pitts Carr, Esq.
Carr, Tabb & Pope, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327

VI.

To Exclude Yourself From the Class

NOTE: IF YOU ARE A MEMBER OF ARMOR CLASS ACTION I, PLEASE DISREGARD THIS SECTION. ONLY MEMBERS OF ARMOR CLASS ACTION II MAY EXCLUDE THEMSELVES.

If you purchased a Zylon-containing vest from American Body Armor™ or Safariland® between **August 12, 2004 and August 29, 2005** (*Armor Class Action II*), and you wish to **EXCLUDE** yourself from the Class, you must complete the Request for Exclusion below and mail or fax it by **October 21, 2005** to:

Zylon Vest Exchange Program
Armor Class II
Claims Administrator
P.O. Box 466
Traverse City, Michigan 49685-0466
Telephone: 1(866) 815-2914
Facsimile: 800-716-9829

AND PROVIDE A COPY TO:

W. Pitts Carr, Esq.
Carr, Tabb & Pope, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327
Telephone: (404) 442-9000
Facsimile: (404) 442-9700

You may also complete and submit a Request for Exclusion online at www.bodyarmor.com/zylon, but must do so on or before **October 21, 2005**. IF YOU DO NOT EXCLUDE YOURSELF FROM THE CLASS YOU WILL BE BOUND BY THE JUDGMENT OF THE COURT. IF YOU DO EXCLUDE YOURSELF FROM THE CLASS YOU WILL NOT RECEIVE THE BENEFITS OF THE SETTLEMENT.

VII.
For Additional Information

For additional information or questions you may contact the Claims Administrator at the address listed above, by calling 1-866-815-2914, or visit www.bodyarmor.com/zylon. If you have any problems participating in the Supplemental Relief Program or the Settlement, or receiving your benefits, you may contact Plaintiffs' Counsel:

W. Pitts Carr, Esq.
David M. Cohen, Esq.
Carr, Tabb, Pope & Freeman, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327
(404) 442-9000

ALL CLASS MEMBERS (ARMOR CLASS ACTION I AND ARMOR CLASS ACTION II) PRINT AND SIGN YOUR NAME, AND ENTER THE DATE HERE.

Print Name

Signature

Date

Request For Exclusion - Armor Class Action II Only

If you bought your Zylon-containing vest between **August 13, 2004 and August 29, 2005**, and do **NOT** wish to participate in the Settlement (Armor Class Action II), complete this portion of this Claim Form.

- A. I/our agency does **NOT** want to participate in the Settlement. _____ (check)
- B. I/our agency does not have American Body Armor™ or Safariland® vests that contain Zylon®. _____ (check if applicable)
- C. I/our agency understands that I/my agency may be a member of a Class of persons who purchased American Body Armor™ or Safariland® vests containing Zylon® between **August 12, 2004 and August 29, 2005**. I/our agency understand(s) that certain legal claims have been asserted on behalf of the Class and that I/our agency have/has the right to exclude myself/my agency from the Class.

I have read the Armor Class Action II Notice of Pendency of Class Action, Proposed Settlement and Final Approval Hearing. I am sufficiently advised of my rights to remain in the Class and to be bound by any judgment rendered therein, however, I do NOT wish to be a member of the Class. By opting out, I am excluding myself/my agency from the binding effect of judgment and from all benefits available to Class members. I also realize that if I exclude myself/my agency from the Class by opting out and subsequently choosing to bring an independent action, I will be responsible for choosing and compensating my own attorney(s) and that the statute of limitations for bringing claims set forth in this litigation will again begin to run from the date of my request for exclusion.

I understand that this **REQUEST FOR EXCLUSION** must be completed and returned by mail, postmarked on or before **October 21, 2005**.

**YOU MUST PRINT AND SIGN
YOUR NAME, ENTER THE DATE,
YOUR TELEPHONE NUMBER
AND THE NUMBER OF VESTS
PURCHASED**

Print Name

Signature

Date

Telephone No.

No. of American Body Armor™ and/or Safariland®
Zylon®-containing Vests purchased